



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to **Adobe Reader XI** or above) to: [vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a one-time set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> IVIPS ( <i>Individual record inquiries</i> ) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records ( <i>Batch process</i> ) Frequency ( <i>check one</i> ): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular																																																						
<b>PRINT or TYPE</b> Company/Agency name <b>2 Way Auto Sales</b>																																																						
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b> Ann Windham (Area code) Phone number <b>(509) 534-5580</b> Email ( <i>required for IVIPS and Bulk records</i> ) <b>ABwindh@msn.com</b>		<b>Signing Authority name (Bulk records accounts only)</b> (Area code) Phone number _____ Email ( <i>required for Bulk records</i> ) _____																																																				
Physical address of business ( <i>Number and street, City, State, ZIP code</i> ) <b>4508 E Sprague Ave, Spokane Valley, WA 99212</b>																																																						
Mailing address of business, if different ( <i>Address or PO Box, City, State, ZIP code</i> )																																																						
<b>Provide one of these identifiers:</b>	Taxpayer Identification Number (TIN) <b>6a</b>	Employer Identification Number (EIN) <b>[REDACTED]</b>	WA Unified Business Identifier (UBI) <b>[REDACTED]</b>																																																			
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does). <b>Selling Used Cars</b>																																																						
<b>3</b> Check all that apply to you and/or your business																																																						
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**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

When a person wants to trade in a vehicle, we need to verify that the vehicle doesn't have liens and is owned by that person.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? .....  Sell  Provide  No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? .....  Yes  No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? .....  Yes  No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? .....  Yes  No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? .....  Yes  No

**B** Check all that apply

- I represent a government agency.** Agency name: \_\_\_\_\_  
 Do you agree the information you receive will only be used in an official capacity and solely  
 for carrying out the functions of your agency? .....  Yes  No
- I represent a Washington State business.** Attach legible copies of:  
 • your current business license  
 • any/all professional licenses that you possess
- I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:  
 • your current business license  
 • a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- I am a process server.** Attach legible copies of:  
 • your current business license  
 • any/all professional licenses that you possess  
 • registration for county jurisdictions
- I represent a non-profit organization or corporation.**  
 1. Attach a legible copy of one of the following:  
 • Your Articles of Incorporation, filed with the Secretary of State  
 • Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)  
 • Other documents reviewed and approved by the Department of Licensing Public Records Officer  
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- I represent a data broker/reseller** – attach a legible copy of your current business license.  
 IVIPS applicants must also include:  
 • subscriber roster (provided on page 4)  
 • subscriber agreements
- I am an attorney.\*** Attach legible copies of:  
 • your current business license  
 • your current bar card
- I am a private investigator.\*** Attach legible copies of:  
 • your current Private Investigator license  
 • your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

4-8-2015 Spokane

Date and place (county) signed

Bookkeeper

Title

X

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 601 437 438  
Business ID #: 1  
Location: 1  
Expires: 01-31-2016

NOTSHE, INC.  
2 WAY AUTO SALES  
4508 E SPRAGUE AVE.  
SPOKANE VALLEY WA 99212 0805

TAX REGISTRATION

UNEMPLOYMENT INSURANCE

INDUSTRIAL INSURANCE

MOTOR VEHICLE DEALER #1719

MISCELLANEOUS VEHICLE DEALER #6708

CITY LICENSES/REGISTRATIONS:

SPOKANE VALLEY GENERAL BUSINESS

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

2 WAY AUTO SALES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in black ink, appearing to read "Vicki Smith".

Vicki Smith  
Director, Department of Revenue

# Redaction Log

Reason	Page (# of occurrences)	Description
6a	1 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.